



FORM TYPE: HHR

Please log into your Gothic Portal and upload form to **MY ATTACHMENTS**

## 2021-2022 INDEPENDENT MONTHLY EXPENSE AND RESOURCE WORKSHEET

Student's Name: \_\_\_\_\_

NJCU ID#: \_\_\_\_\_

Please report the monthly dollar amount paid in 2019 for each expense and also provide monthly resources. ***If you're reporting zeroes for all expenses and/or resources, please provide an explanation of how you're supported, in a signed and dated statement.*** We may request documentation to confirm expenses and resources. You must complete all sections of this form. **Incomplete forms will not be processed and "zero" resources will not be accepted.**

### 2019 MONTHLY PAID EXPENSES

| Expenses                                     | Amount Paid | Amount Paid on Behalf | If paid on behalf, by whom (List name and relationship) |
|--|-------------|-----------------------|---|
| Rent/Home Mortgage & Property Taxes          | \$          | \$                    |   |
| Utilities (phone, gas, electric water, etc.) | \$          | \$                    |   |
| Food and Household Supplies                  | \$          | \$                    |   |
| Car Payments/Gas/Insurance                   | \$          | \$                    |   |
| Public Transportation                        | \$          | \$                    |   |
| Health Insurance                             | \$          | \$                    |   |
| Child Care/Clothing                          | \$          | \$                    |   |
| Other  | \$          | \$                    |   |
| <b>Total Monthly Expenses</b>                | <b>\$</b>   | <b>\$</b>             |   |

List the monthly resources and the monthly dollar amount used to meet your expenses in 2018. Include resources such as wages, unemployment, disability, Social Security benefits, Supplemental Security Income, SNAP, TANF, WIC, Section 8, credit card advances, personal loans, savings, cash support etc. If someone else provided financial support, list their name and amount provided per month.

| Resources                      | Yearly Amount |
|--------------------------------|---------------|
| 1)                             | \$            |
| 2)                             | \$            |
| 3)                             | \$            |
| 4)                             | \$            |
| <b>Total Monthly Resources</b> | <b>\$</b>     |

### Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

The student and spouse whose information was reported on the FAFSA must sign and date. **WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if applicable)

\_\_\_\_\_  
Date

### OFFICE OF FINANCIAL AID

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